COMMANDERS DIGEST

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Why a new Health Sciences University?

CRISIS

The pressures for change in the military health care system are growing just as pressures for change exist in civilian medicine. Many of these forces for change are obvious.

Our Armed Forces are voracious consumers of physician manpower. At the present time, there are approximately 13,000 physicians on active duty in the Armed Forces. Since 1967, our Military Services have required the annual input of approximately 4,000 to 5,000 physicians to satisfy their health care requirements.

The critical shortage of "career oriented" military personnel qualified in the health professions has long been a matter of grave concern for the Armed Forces. Recent changes in the draft law together with the push for an "All Volunteer Force" has now made this problem acute and one of emergency proportions. Without the pressures of a draft, the three Military Services combined will suffer a shortfall of about 1,800 physicians in FY 1975.

The President's Commission on an All Volunteer Force—the Gates Commission—in commenting on this general subject in 1970 stated: "Eighty percent of all male physicians in the United States under 35 have served in the Armed Forces or have held reserve commissions. No other group in our society has had such heavy relative demands placed upon it for military service. In the last four years more than 4,500 doctors entered active duty service annually—fully 60 percent of the number graduating from medical school each year."

Despite this tremendous input of physician manpower into the Armed Forces, the retention rate of this large group since the Korean War has been less than one percent.

One element of the Armed Services physician problem—procurement—has in the past been relatively simple of solution by virtue of the draft law. This law, for all practical purposes, has been the legal "crutch" which has enabled the Armed Services to ignore the realities of their demonstrated inability to retain adequate numbers of physicians on a career basis. The luxury of that "crutch" is now no longer available.

Increased costs of medical care in this country will stimulate pressures to develop more efficient ways to deliver health care.

Some form of national health insurance will be implemented soon and an expanded Federal regulatory role will increase the need to ensure that civilian and military health care systems complement, rather than compete with, one another.

Paradoxically, the Military Services even have been advised their comprehensive system of health care is so good that it is often discriminatory against the non-military citizen. These particular critics go so far as to suggest a diminished level of medical care for the dependents of our active duty military personnel, and seriously question the legal right of medical care in our facilities for retirees and their dependents. Even with the growing problems in military medicine, we are fortunate in having a clearer promise of a quality future than many other crisis-ridden sectors of the health care community. Our problems not only can be and will be conquered, but can be used to our advantage. Indeed, the greatest renewals come from crisis. With the necessary career incentives to attract sufficient numbers of volunteer health professionals, this time of crisis can be an opportunity to retain a high quality medical and dental cadre.

The most significant piece of legislation as far as the health professionals of the Department of Defense are concerned is Public Law 93–274. This law, currently awaiting implementation by Defense, will increase the special pay of medical and dental officers of the Uniformed Services based on rank and longevity of Military Service. The law also authorizes a bonus to selected members of critical health professions who agree to remain on active duty for specific periods of time.

in MILITARY MEDICINE

Why a MILI Medica

Our present civilian medical schools do not adequately prepare a physician for a career in military medicine. Present civilian programs lay a superb foundation but fail to encompass disciplines peculiar to the military environment.

One need only allude to triage in mass casualties, emergency medicine, tropical diseases, parasitology, and the adverse effects of hostile environments, be they high altitude, deep sea, or the tropics.

The military physician has been the pioneer and the primary investigator in all of these areas and many others. Military physicians have, for years, been in the forefront of the giant advances in medicine, but have frequently not received the recognition accorded to their civilian colleagues.

To ensure a continuation of the great contributions that can be forthcoming from military medicine to our society, there must be given to military medicine the opportunity to develop its fullest potential and prestige. That potential and prestige will come from the development of a Uniformed Services University of the Health Sciences.

This institution will be the fountainhead for the training and education of truly professional military physicians who will find that the challenge of military medicine more than compensates for the rigors and discipline associated with military life.

Concept Nothing New

The concept of a government medical school is neither novel nor new. There are at least 18 countries that now have government medical schools, with the medical curriculum under military direction, while nine are administrative military organizations for groups of students who study at regular civilian medical schools. Some of these medical schools have been operating for many years and both the level of medical training as well as caliber of the physicians they produce have not been the subject of any criticism.

As a matter of fact, in some countries these medical training programs are the nation's principal source of trained physicians.

In our country, the vast majority of the medical schools which are now operating are no longer "private schools" but are, in fact, public institutions with their support coming primarily from State and Federal funds.

Long Lead-Time

The Armed Services Committees were well aware of the fact that the creation of a medical school "de novo" is ordinarily a long and arduous process covering a span from five to ten years. A dean and faculty of medicine and associated medical disciplines must be laboriously recruited and assembled. In addition, costly capital outlays must be forthcoming to build facilities such as an administrative center, basic science buildings, laboratory and research facilities for the basic and clinical sciences, as well as teaching hospitals with an adequate patient census.

Fortunately, many of these resources are available in the greater Washington, D.C., metropolitan area. There are in the greater Washington area, military and Federal medical resources whose full potential in contributing to an increased production of physicians have never been fully utilized.

For example, the Armed Forces Institute of Pathology, the Armed Forces Radiobiology Research Institute, the National Library of Medicine, the National Institutes of Health, the Walter Reed Army Institute of Research, the Naval Medical Research Institute, the Naval Medical Training Institute, the Walter Reed Army Institute of Nursing, the Walter Reed Army Medical Center, the National Naval Medical Center, and Malcom Grow USAF Medical Center.

These Washington area facilities with their staffs, their patient populations, their clinics, laboratories, libraries, and classrooms already form the major assets for the creation of an outstanding medical education center.

These facilities represent an enormous capital investment, all national assets, all currently operational, all mature institutions, many of which have national and international reputations. This new university will allow the Federal government the opportunity to capitalize on these existing resources and thus meet at least a portion of the medical needs of our Armed Forces and eventually serve the nation as a whole.

The Uniformed Services University of the Health Sciences should eventually be the unique educational resource of the Department of Defense with the capability for extensive interdisciplinary professional training initially leading to the degree of Doctor of Medicine to those academically qualified, and, as conditions permit, appropriate degrees or certification in dentistry, veterinary medicine, nursing, pharmacy, and the allied health professions. Thus, the university would have the responsibility for preparing physicians, dentists, veterinarians, pharmacists, nurses, and allied health professionals to provide optimum health care to the military personnel, their dependents, and retirees, as well as providing leadership in future health care delivery through education and research for the Military Departments.

Its mission includes:

- Training a cadre of health science professionals whose primary purpose is to serve the Military Services, although up to 20 percent of the physicians may enter other Federal medical programs to fulfill their seven year period of obligation;
- Encouraging excellence in teaching, service, and research, as well as creating a personal and institutional sensitivity to military health needs;

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al School?

Board of Regents

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Lt General Robert A. Patterson The Surgeon General United States Air Force	(Ex-officio member)

• Developing cost effective, creative, efficient, single or interdisciplinary teaching and training experiences for all university participants which would be responsive to dynamic, changing health care needs;

• Linking military affiliated hospitals and institutions possessing optimum resources and facilities to the University of Health Sciences through full time appointments;

• Exposing students enrolled at the University of Health Sciences to a variety of medical experiences;

• Attracting and retaining military health professionals to areas of primary care or specialty practice by exposure to the programs within the university;

• Generating new knowledge through research to help solve military and national problems in the prevention, diagnosis and treatment of disease and other aspects of health;

• Attracting health professionals into the military through the quality of training, science and research;

• Supporting continuing education for all levels of health care professionals;

• Narrowing the gap between discovery and application by accelerating the availability of research findings to all medical military participants;

• Cooperating with the three military medical departments and the Assistant Secretary of Defense (Health and Environment) in developing model health teaching programs and models of health services delivery; and

• Communicating and discussing freely with the Surgeons General and Assistant Secretary of Defense (H and E) matters relating to health education and new health care programs.

Students

Most medical schools in the United States have four prime considerations in the selection of medical students:

• Undergraduate science and overall grade point averages;

• Medical college admission test;

• Recommendations from undergraduate schools and other interested and appropriate individuals; and

• Interviews.

The USUHS medical school will also utilize these same four criteria, but in addition will give consideration to geographic location drawing on students from all over the Nation.

The relative weight which institutions place on these variables is remarkably consistent, and it is unlikely that this military university will deviate significantly from these criteria. However, there are situations which the school is in a good position to exploit.

Some Differences

The university could exploit the current backlog of enlisted and officer personnel with some medical experience or training, most of whom—given an appropriate academic background—will fit by reasons of motivation, practical experience, and military exposure into this university. The university can also take advantage of the bioscience or life science majors in the three service academies, many of whom are now in civilian medical schools under military sponsorship.

Curriculum

Although a detailed, complete, and final determination of the curriculum has not been worked out yet, the medical school will operate on a four year plan. The students will have opportunities generally unavailable to those in civilian medical schools. Elective periods may be spent almost anywhere in the world where there are military medical facilities. They will be exposed to tropical diseases, infectious diseases, starvation, preventive medicine, space medicine, underwater physiology, etc., "on the scene".

Board of Regents

The policies of the university will be established by a Board of Regents consisting of nine persons appointed by the President with the advice and consent of the Senate. The board may also establish post-doctoral and post-graduate technical institutes and continuing education programs for health professionals.

Berry Plan

The Berry Plan—a method by which a physician could postpone coming on active duty until he completed his specialty training in civilian life—is also now terminated except for those physicians who signed on prior to the expiration of the draft law. This will still supply some specialists to the three Military Services for only two more years.

It is a certainty that any organization, in or out of government, which experiences a turnover of employees of this magnitude, could not survive long.

What then must we do to increase attraction or retention of physicians? Money alone is not the answer, although the salaries of military physicians will be increased in the very near future sufficiently to approach civilian levels. However, physicians, like all other human beings, require recognition and challenge as a part of the compensation they receive for their endeavors. The establishment of a University of the Health Sciences will go far toward satisfying that requirement. It will offer an additional opportunity for our personnel in the health professions to advance in their chosen careers, as well as to do teaching and research. It will enable them to obtain further professional accreditation in their chosen specialties, become academic professors, and ascend the career ladder on a par with their civilian colleagues.

The problem of physician procurement and retention can no longer be given superficial attention. It is one that now requires immediate and dramatic action.

These are the basic considerations which prompted the legislative action recommended by the Committee on Armed Services in the Fall of 1971: Uniformed Services Health Professions Revitalization bill. This bill was developed to attack the problem above on three broad fronts:

• It will attack the problem on a short-term basis by establishing a very comprehensive scholarship program for training professionals in the health fields for careers in the Armed Forces;

• It will attack the long-term problems of procurement and retention of these health professionals in the Armed Forces by establishing a Uniformed Services University of the Health Sciences which

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would include the development of a medical school for the production of career-oriented physicians as well as contributing to the enhancement of the prestige and dignity of a professional medical career in the Armed Forces.

• The bill would also have lifted existing statutory restraints tn the promotion of medical and dental officers to flag and general officers rank.

Thus, with the lifting of these restrictions, medical and dental officers in the Armed Services would have been given the military recognition demanded by their professional capabilities and responsibilities. This portion of the bill was deleted later, however, because of considerable Congressional opposition.

The bill was signed into law by the President in September 1972.

2nd Class School

There are critics who directly or indirectly maintain that the Uniformed Services University of the Health Sciences will be a Federally-sponsored institution, and will, therefore, produce second-class graduates not equal to the professional capabilities of those otherwise trained.

This criticism is clearly without basis in fact. On the contrary, there is much evidence to indicate that the quality of training and the quality of the type of graduate produced by an institution of this kind will be well above that obtained in many non-Federally-sponsored educational institutions.

For example, the service academies, which are operated and administered by the Army, Navy, and Air Force, have developed and maintained academic standards that assuredly place them among the finest undergraduate educational institutions in the United States today.

The proposed Uniformed Services University of the Health Sciences will not be directly administered by the Military Departments. It will, in fact, be administered by a Board of Regents composed almost entirely of outstanding civilian educators appointed by the President of the United States. This board will be dedicated to the purpose of making this university the finest of its kind in the entire world. This Board of Regents will be dedicated to producing physicians educated and trained to function as global physicians—physicians who will encounter and be able to cope with the myriad of medical problems that occur anywhere in the world, even under the sea, and in the infinite vastness of space.

Because of the pay back obligation of seven years, the university will be a model for the country. Its possibilities are limited only by dreams and imaginations.

The university medical school will eventually stop the rapid turnover of physicians in the Armed Forces. It will save the government money in training and indoctrination costs because there would be greater permanency of service. Students attending this university will be equal to the best educated in America, and the staff and faculty will be of highest quality, drawing upon the expertise of both the civilian and military communities.

Ready Reference On the University

The Uniformed Services Health Professions Revitalization Act, enacted September 21, 1972, authorized the establishment of a Uniformed Services University of the Health Sciences (USUHS) to educate individuals in all of the health professions to become career military members.

The university eventually will be the unique educational resource of the Department of Defense with the capability for extensive interdisciplinary professional training initially leading to the degree of Doctor of Medicine.

As conditions permit, appropriate degrees or certification in dentistry, nursing, pharmacy and allied health professions may be awarded.

Thus, the university would have the responsibility for preparing physicians, dentists, pharmacists, nurses and allied health professionals to provide optimum health care to the military, their dependents, and retirees; as well as providing leadership in future health care delivery through teaching and research for the military in particular and society in general.

Location

The National Naval Medical Center in Bethesda, Maryland, has been selected as the site for the construction of the new Uniformed Services University of the Health Sciences in keeping with the law's requirement that it be established within 25 miles of the District of Columbia.

The National Naval Medical Center will be one of the three military teaching facilities in the greater Washington area where medical students can gain their clinical experience, the others being Walter Reed Army Medical Center and Malcom Grow USAF Medical Center.

Planning and construction of permanent facilities is expected to take at least four to five years. Development of an interim facility to start the first, small class of medical students within the next two years is under active consideration. Language of the law creating the university requires it to graduate a minimum annual class of 100 by 1982.

The medical school to be developed initially by the university will undoubtedly blaze new academic trails, utilizing the existing worldwide medical resources of the three military medical departments. It is the intent of the Board of Regents to develop the Uniformed Services University of the Health Sciences as an outstanding institution of such strong academic merit that no criticism of its educational standards can be justified.

Board of Regents

The policies of the university will be established by a Board of Regents consisting of nine persons appointed by the President with the advice and consent of the Senate. (A list of the current members of the board is on page 5.) The board may also establish post-doctoral and post-graduate technical institutes and continuing education programs for health professionals.

President of the University

On January 7, 1974 Anthony R. Curreri, M.D., Associate Vice Chancellor for Health Sciences and Evan P. Helfaer Distinguished Professor of Surgery of the University of Wisconsin, was appointed President of the Uniformed Services University of the Health Sciences by Secretary of Defense James R. Schlesinger, upon the unanimous recommendation of the Board of Regents.

Dr. Curreri will organize, direct, control, and manage the USUHS and its subordinate elements.

Dr. Curreri has had a long and distinguished careeer as an outstanding surgeon, clinical investigator, teacher, medical educator, and administrator.

Search Committee

A search committee has been appointed by the president of the university to select a dean of the school of medicine. It is hoped that he/she will be appointed within the next two months.

Other search committees will be appointed to select the key departmental chairpersons and faculty necessary for the operation of the university. These department heads, and the faculties within their departments, will contain a good mix of educators selected from the civilian and military communities.

Students

Students will be selected by procedures recommended by the Board of Regents and prescribed by the Secretary of Defense and will emphasize the basic requirement that all candidates demonstrate sincere motivation and dedication to a career in the Uniformed Services. Students will be commissioned officers and will serve on active duty in the pay grade of 0–1 (equivalent to second lieutenant in the Army, Air Force and Marine Corp or ensign in the Navy) with full pay and benefits. (Basic pay alone, excluding allowances, is currently $690 a month).

Contractual Agreement

Graduates of the medical school will be required to serve on active duty for at least seven years after graduation, not counting time spent in internship and residency programs. Up to 20 percent of each class may perform other Federal health duty for seven years in lieu of service in the Uniformed Services.

Development of University

The university will be under development for the next several years. Initially, a basic science facility will be constructed, which will have the unique capability of ultimately handling up to 150 medical students at each year level. These students will spend their clinical years in the outstanding military hospitals in the Washington, D.C. area. In addition, the building will have sufficient flexibility so as to eventually encompass additional students in the health disciplines. It is planned to have this first phase ready to receive a class of approximately 48 medical students by the Fall of 1976. At the same time, temporary facilities for basic science instruction are being developed in the Armed Force Institute of Pathology so that a small class of 24 to 36 students may be started possibly as early as the Fall of 1975.

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